



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		12/3/18	MARIA ARTERO CATHOLIC PRESCHOOL & KINDERGARDEN	
Follow-Up		O	Time In/Out:	OWNER/OPERATOR:	
Complaint			2:45 PM 4:00 PM	MARIA ARTERO CATHOLIC PRE-SCH. & KINDER	
Investigation		RATING	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:				A	161-A SUNSET DR AGANA HEIGHTS
			20000-180001249	PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired	
No. of Children: 5 Male 12 Female 17 Total			Child Care License No.: 180179 / ✓ Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title): Shirley Day Arnotia Addy

DEH Inspector (Name & Title):